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| NWS CHANGE FORM PART A | | | 1. DATE SUBMITTED <div style="text-align: right;">2/10/00 31 JAN 00</div> | |
| This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov). | | | | |
| 2. ORIGINATOR OFFICE NWS W/APO | | 3. SUBMITTING AUTHORITY Name: Paul Nipko Routing Code: W/APO | | 4. COGNIZANT TECHNICAL INDIVIDUAL Name: Chuck Piercy Routing Code: W/APO/SE Phone: (301) 713-1570 x 124 |
| 5. ORIGINATOR TRACKING NUMBER <div style="text-align: center;">RC_APO26</div> | | | | |
| 6. SYSTEMS AFFECTED BY CHANGE <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> ASOS <input checked="" type="checkbox"/> AWIPS <input type="checkbox"/> CRS <input type="checkbox"/> NEXRAD <input type="checkbox"/> OTHER (specify) _____ </div> <div> <input type="checkbox"/> DATA PRODUCTS (Complete Data Products Supplement) </div> </div> | | | | 7. WSH TRACKING NUMBER <div style="text-align: center; font-size: 1.2em;">NWS 552</div> |
| 8. TITLE OF CHANGE AWIPS Network Control Facility (NCF) Improvements - Phase II | | | | |
| 9. TYPE OF CHANGE <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> HARDWARE <input type="checkbox"/> SOFTWARE <input type="checkbox"/> DOCUMENTATION ONLY </div> | | | 10. SITES AFFECTED (Attach Part B, Page 2, if needed) <div style="text-align: center; font-size: 1.2em;">NCF</div> | |
| 11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.) Several changes are planned for the NCF to improve overall Network management operations. These changes form the second segment of three segments of planned improvements. The addition of the MHS Data Servers will minimize the interdependence between the role of the X.400 based Message Handling System and other DS functions that will remain on DS1 and DS2. It will also alleviate disk partitioning requirements between MHS and the Informix database. The other parts of this change are preparatory adjustments for the reconfiguration of the SB uplink. | | | | |
| 12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.) Reconfigure the current Network Control Facility baseline architecture by: (1) Moving the WNCF equipment (racks 6 and 7) to the library room and adding a third rack to these two for future improvements. (2) Adding a LAN Switch with a Fiber-optic connection to the rack 7 LAN Switch to one of the racks in the front room to accomdate WNCF work position connections. (3) Adding a rack to the front room equipment which is outfitted with the 2 D-380/2way Message Handling System (MHS) servers. (4) Adding a rack to the front room equipment which is outfitted with the 36GB Mass Storage Units for the MHS (5) Adding a rack to the front room equipment which is outfitted with additional routers and VIR switches for the reconfiguration of the satellite uplink which moves the SB Processors to the Master Ground Station. | | | | |
| 13. ALTERNATE SOLUTIONS N/A | | | | |
| 14. REQUIRED CHANGE DATE TBD | | 15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.) This change will be accomplished in segments as time is made available on the NCF system over the period of 45 days. | | |

| CCB/PMC/CMB DECISION | | |
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| 16. DECISION AUTHORITY LEVEL | <input type="checkbox"/> CCB LEVEL ONLY | <input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED |
| 17. CCB LEVEL DECISION | <input type="checkbox"/> APPROVED | SIGNATURE |
| | <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVED | DATE SIGNED |
| FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED | | |
| 18. PMC OR NWS CMB DECISION | <input type="checkbox"/> APPROVED | SIGNATURE |
| | <input type="checkbox"/> DISAPPROVED | DATE SIGNED |

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| NWS CHANGE FORM PART B | | 1. ORIGINATOR TRACKING NUMBER RC_APO26 | |
| All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject. | | 2. WSH TRACKING NUMBER | |
| FUNDING INFORMATION | | | |
| Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.) | | 3. SOURCE OF FUNDING | 4. TOTAL COST TBD |
| 5. DEVELOPMENT COSTS (Estimate development costs) Upgrade of Test NCF facility at PRC | | | AMOUNT -0- |
| 6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) | | | AMOUNT -0- |
| 7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs) Purchase, Installation and Checkout cost of hardware. Rework of Systems Drwgs and BOM/Parts Lists | | Contract Mod | AMOUNT TBD |
| 8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs) | | | AMOUNT -0- |
| 9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) | | | AMOUNT TBD |
| 9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) Increased Maintenance Costs | | | AMOUNT TBD |
| SUPPORTING INFORMATION AND SCHEDULES Provide detailed information needed to implement the requested change. | | | |
| 10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E) NA | | 11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) NA | |
| 12. IMPLEMENTATION/RETROFIT SCHEDULE NA | | 13. FACILITY INFORMATION (Attach facility drawings/plans.) | |
| 14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.) NA | | 15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED None | |
| 16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each) NA | | 17. COORDINATION OF CHANGE WITH OTHER CHANGES Documentation delivery to be coordinated with Bld-5 RC. (See 18 below) | |
| 18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.) See attach B page 2 - Documents to be delivered as "red-line markups" with formal RC. Final copies to be delivered as part of Build-5 formal RC. | | 19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.) None | |
| 20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.) TBD | | 21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.) Portions of the NCF will be down for installation of upgrades. The Upgrades are to be accomplished in segments. The exact sequence of segmented installations is TBD. | |
| 22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.) TBD | | | |

| NWS CHANGE FORM PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT | | | | | | | 1. ORIGINATOR TRACKING NUMBER RC_APO26 | | |
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| This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced and specify any changes in related documentation. (Submitters should complete this information, if known. WSH will assist.) | | | | | | | 2. WSH TRACKING NUMBER | | |
| 3. ITEM NAME, CIRCUIT TYPE, SOFTWARE VERSION, OR SITE LOCATION | 4. REMOVE REPLACE MODIFY | 5. SUPERSEDED ITEM OR CONFIGURATION | | 6. SUPERSEDING PART NUMBER OR NEW CONFIGURATION | 7. DOC TYPE | 8. SUPERSEDED DOCUMENT | | 9. SUPERSEDING DOCUMENT | |
| | | A. PART NUMBER OR CONFIGURATION | B. SERIAL NUMBER(S) OR COMMENTS | | | A. IDENTIFIER | B. REV | A. IDENTIFIER | B. REV |
| | | | | BNMWRKNCF.207 Rev 1 | Parts List | NA | | AWP-000000- 109-0112-3 | Rel |
| | | | | | Bill of Material | NWSNCF | 1 | NWSNCF | 2 |
| | | | | | NCF Doc | AWP.FDC. NMC-02.00 | - | AWP.FDC. NMC-03.00 | - |
| | | | | | Assmbly Drwng | AWP-000000- 101-500 | A2 | AWP-000000- 101-500 | A3 |
| | | | | | Drwng | AWP-000000- 106-500 | A2 | AWP-000000- 106-500 | A3 |
| | | | | | Drwng | AWP-000000- 302-510 | A2 | AWP-000000- 302-510 | A3 |
| | | | | | Drwng | AWP-000000- 302-530 | A2 | AWP-000000- 302-530 | A3 |
| | | | | | Drwng | AWP-000000- 302-580 | A2 | AWP-000000- 302-580 | A3 |
| | | | | | Drwng | AWP-000000- 302-520 | A2 | AWP-000000- 302-520 | A3 |
| | | | | | Cbl Lst | AWP-000000- 304-510 | A2 | AWP-000000- 304-510 | A3 |
| | | | | | Cbl Lst | AWP-000000- 304-520 | A2 | AWP-000000- 304-520 | A3 |
| | | | | | Cbl Lst | AWP-000000- 304-530 | A2 | AWP-000000- 304-530 | A3 |
| | | | | | Cbl Lst | AWP-000000- 304-580 | A2 | AWP-000000- 304-580 | A3 |
| | | | | | Drwng | AWP-000000- 302-540 | A2 | AWP-000000- 302-540 | A3 |
| | | | | | Cbl Lst | AWP-000000- 304-540 | A2 | AWP-000000- 304-540 | A3 |
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| <div>NWS CHANGE FORM</div> <div>PART C</div> | | <div>1. ORIGINATOR TRACKING NUMBER</div> <div>RC_APO26</div> | |
| <div>WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.</div> | | <div>2. WSH TRACKING NUMBER</div> | |
| <div>3. CCB COST EVALUATION</div> <div>NWS COST \$FAA COST \$DOD COST \$OTHER AGENCY COST \$TOTAL COST</div> <div>(SPECIFY)_____</div> | | | |
| <div>4. IMPLEMENTATION DOCUMENTS REQUIRED</div> <div><input checked="" type="checkbox"/> Engineering Modification Note<input type="checkbox"/> Software Release Notes<input type="checkbox"/> Other Document (Specify)_____</div> | | | |
| <div>ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.) Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.</div> | | | |
| <div>5. IMPLEMENTATION ACTIVITY REQUIRED</div> | <div>6. REQUIRED COMPLETION DATE</div> | <div>7. RESPONSIBLE PERSON AND OFFICE</div> | <div>8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION</div> |
| <div>NA</div> | | | |